
RADIO COMMUNICATION

PURPOSE

To define the requirements for medical communications between all prehospital personnel, base and receiving hospitals. All patient information, treatment, and the time initiated will be recorded accurately and completely on the patient care OIA Form. No patient names will be given over the radio except at the request of the base hospital physician and with patient approval. ALS transport/non-transport agencies may only accept orders from Base Hospitals within the ICEMA Region.

BLS PROCEDURE

1. Each BLS transport will be equipped with a county approved communication device.
2. For any acute or unstable patient a receiving hospital must be contacted as soon as possible with the following information:
 - a. The unit number, EMT-I name, and the situation
 - b. The patient description to include age, sex, and approximate weight in kilograms (kg)
 - c. Patient's chief complaint and related signs and symptoms, and the mechanism of injury, if appropriate
 - d. Vital signs to include blood pressure, pulse, respiratory rate and effort, pupil response, skin vital signs, capillary refill and glasgow coma scale.
3. For stable patients or for routine transfers a receiving hospital must be contacted as soon as possible with the following information
 - a. The unit number, EMT-I name, and the situation
 - b. The patient description to include age, sex, chief complaint/injury BP, pulse, respirations and ETA.

ALS PROTOCOL

1. Each ALS unit (transport and non-transport) will be equipped with a minimum of one (1) mandatory communication device and one (1) optional communication device:
 - a. Mandatory Communication Devices
 - i. 800 MHZ radio in San Bernardino County
 - ii. VHF (MED NET) radio approved for Inyo & Mono Counties only
 - b. Optional Communication Devices
 - i. UHF (COR) radio approved for Mono County only
 - ii. Cellular phone approved for all counties
 - iii. Other device as approved
2. Base Hospital contact must be initiated on the following:
 - a. All patients with suspected AMI or angina remaining symptomatic following ALS interventions. Unless transport time is insufficient to allow for communication and continued patient care.
 - b. Any patient receiving ALS interventions and remaining symptomatic following ALS interventions.
 - c. Any patient receiving ALS interventions who refuses transport.
 - d. Any patient contact with children under the age of four years prior to leaving scene
 - e. Any patient receiving ALS Interventions prior to determining death on scene (Protocol Reference #14007)
 - f. Base Hospital contact may also be made on any patient who in the EMT-P's judgment would benefit from Base Hospital consultation.

3. In areas with short transport times or when functioning in radio communication failure (RCF), contact must be made as early as possible with the receiving facility on all transported patients not meeting the criteria for Base Hospital contact.
4. In a declared MCI, base hospital contact will be established per Protocol Reference #12001 Medical Response to a Multi Casualty Incident.
5. When Base Hospital contact is initiated; the following information will be given by the EMT-P unless the Base Hospital waives this information:
 - a. The unit number, EMT-P name, and the situation
 - b. The patient description to include age, sex, and approximate weight in kilograms (kg)
 - c. Patient's chief complaint and related signs and symptoms, and the mechanism of injury, if appropriate
 - d. Vital signs to include blood pressure, pulse, respiratory rate and effort, and oxygen saturation if appropriate.
 - e. Physical assessment and general appearance
 - f. Past medical history, including medications and allergies
 - g. Cardiac Monitor interpretation, if appropriate
 - h. Prior to contact therapy initiated and response including all medication dosages and route given.
6. After contact, the MICN will provide the following:
 - a. Both the MICN and physician names, with time of contact.
 - b. Acknowledge any interventions or medications given prior to contact
 - c. All medication orders given will state the medication name, dosage and route.
7. Patient destination is the responsibility of the Base Hospital Physician based upon patient condition and patient and/or family/law enforcement request.
 - a. Patient request for a certain facility should be honored unless
 - i. Patient medical condition is acute and meets criteria for diversion to a closer facility
 - ii. Request is for a facility further than 30 minutes away and outside of the transporting agency's EOA. In these cases, the patient will be offered transport to the closest appropriate facility.
 - iii. Requested facility is closed due to Internal Disaster.
 - b. In cases when a patient request may be determined by the Base Hospital physician to be detrimental to the patient's condition, the patient and/or family/law enforcement must be informed as to the risks up to and including death. All circumstances should be documented on the O1A Form.
8. During an Interfacility Transfer, patient destination may not be changed unless patient condition significantly deteriorates and requires ALS interventions during transport. If a Base Hospital is contacted and patient destination is changed, it is the responsibility of the Base Hospital to notify both the sending facility and the designated receiving facility of this change. An evaluation of these destination changes will be included in the Base Hospital monthly CQI report to ICEMA.
9. Air Transport destination decisions of trauma patients will be determined by a Trauma Base Hospital in San Bernardino County.
 - a. The ground crew shall inform the designated air crewmember if a Trauma Base was contacted and if a destination has been determined. The aircrew will continue the call with that Trauma Base Hospital.
 - b. The pre-hospital EMS aircrew has a responsibility to identify their personnel designated to receive information from ground personnel.
 - c. If the designated trauma receiving facility destination is changed for any reason, the Trauma Base Hospital initially contacted shall be immediately notified of destination change by the aircrew.
 - d. ICEMA shall be notified within two hours of any destination change and a QI report forwarded to ICEMA within five days of the transport.